

United States Bankruptcy Court
Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Bradley, Susan J		Name of Joint Debtor (Spouse) (Last, First, Middle):																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Susan J Hayes		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4744		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																					
Street Address of Debtor (No. & Street, City, State & Zip Code): 2129 W 52nd St Chicago, IL		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																					
ZIPCODE 60609-5506		ZIPCODE																					
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):																					
ZIPCODE		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above):																							
ZIPCODE																							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																					
		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																					
		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																					
		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box)		Chapter 11 Debtors																					
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
Statistical/Administrative Information																							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																							
Estimated Number of Creditors <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Estimated Assets <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Estimated Liabilities <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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THIS SPACE IS FOR COURT USE ONLY																							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.		
<input checked="" type="checkbox"/> <i>/s/ Derek V Lofland</i> Signature of Attorney for Debtor(s)		1/14/09 Date
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Bradley, Susan J**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Susan J Bradley

Signature of Debtor

Susan J Bradley**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

January 14, 2009

Date

Signature of Attorney***X** /s/ Derek V Lofland

Signature of Attorney for Debtor(s)

Derek V Lofland 6280490
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524
derek@chicagobk.com

January 14, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Bradley, Susan J

Printed Name(s) of Debtor(s)

X /s/ Susan J Bradley

Signature of Debtor

1/14/2009

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Single Family Residence at: 2129 W 52nd St, Chicago, IL 60609-5506			106,000.00	135,276.00
			TOTAL	106,000.00

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Checking account w/ WaMu		1,300.00
		Savings Account w/ WaMu		1,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		1,000.00
4. Household goods and furnishings, include audio, video, and computer equipment.	X	Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles		250.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Used Clothing		250.00
6. Wearing apparel.	X	Misc Costume Jewelry		75.00
7. Furs and jewelry.		Term life thru work - no cash value		0.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X	401(k) with current employer - 100% Exempt		900.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Ford EscapeXLS Sport Utility 4D	6,000.00	
		2007 Dodge Charger	20,000.00	
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X X			
				TOTAL
				30,825.00

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
Single Family Residence at: 2129 W 52nd St, Chicago, IL 60609-5506	735 ILCS 5 §12-901	15,000.00	106,000.00
SCHEDULE B - PERSONAL PROPERTY			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking account w/ WaMu	735 ILCS 5 §12-1001(b)	1,300.00	1,300.00
Savings Account w/ WaMu	735 ILCS 5 §12-1001(b)	100.00	1,000.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
401(k) with current employer - 100% Exempt	735 ILCS 5 §12-1006(a)	900.00	900.00
2004 Ford EscapeXLS Sport Utility 4D	735 ILCS 5 §12-1001(c) 735 ILCS 5 §12-1001(b)	2,400.00 2,550.00	6,000.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 9567 Hsbc Auto 6602 Convoy Ct San Diego, CA 92111-1009		Installment account opened 11/06 VALUE \$ 20,000.00				28,976.00	8,976.00
ACCOUNT NO. 0001 Wells Fargo Bank Nv Na PO Box 31557 Billings, MT 59107-1557		Revolving account opened 11/06 VALUE \$ 106,000.00				8,576.00	8,576.00
ACCOUNT NO. 9184 Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701		Mortgage account opened 11/06 VALUE \$ 106,000.00				126,700.00	20,700.00
ACCOUNT NO.		VALUE \$					

0 continuation sheets attached

Subtotal
(Total of this page) **\$ 164,252.00** **\$ 38,252.00**

Total
(Use only on last page) **\$ 164,252.00** **\$ 38,252.00**

(Report also on
Summary of
Schedules.)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6503 Cap One PO Box 85520 Richmond, VA 23285-5520		Revolving account opened 12/99				1,444.00
ACCOUNT NO. 2984 Cap One PO Box 85520 Richmond, VA 23285-5520		Revolving account opened 1/02				1,443.00
ACCOUNT NO. 5411 Capital One PO Box 85520 Richmond, VA 23285-5520		Revolving account opened 11/01				11,614.00
ACCOUNT NO. Freedman Anselmo Lindberg Rappe 1807 W Diehl Rd Ste 333 Naperville, IL 60563-1890		Assignee or other notification for: Capital One				
2 continuation sheets attached			Subtotal (Total of this page)	\$ 14,501.00		
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 5017 Discover Fin Svcs Llc PO Box 15316 Wilmington, DE 19850-5316		Revolving account opened 10/98			4,906.00
ACCOUNT NO. 7714 Heartland Home Health And Hospic Dept L1801 Columbus, OH 43260-0001		Medical or Dental Bill			4,958.00
ACCOUNT NO. 5629 Illinois Collection Service PO Box 1010 Tinley Park, IL 60477-9110		Medical or Dental Bill			1,020.60
ACCOUNT NO. Loyola University Physician Foundation 2 Westbrook Corporate Ctr Ste 600 Westchester, IL 60154-5716		Assignee or other notification for: Illinois Collection Service			
ACCOUNT NO. 5733 Loyola University Medical Center 2160 S 1st Ave Maywood, IL 60153-3328		Medical or Dental Bill			276.50
ACCOUNT NO. 2434 Miracle Financial, Inc. 52 Armstrong Rd Plymouth, MA 02360-4807		Utility or Cellular Service			1,729.18
ACCOUNT NO. Verizon Wireless 777 Big Timber Rd Elgin, IL 60123-1401		Assignee or other notification for: Miracle Financial, Inc.			
Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 12,890.28	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 0264 Tnb - Target PO Box 673 Minneapolis, MN 55440-0673		Revolving account opened 11/95			600.00
ACCOUNT NO. 2109 Wash Mutual/providian PO Box 9180 Pleasanton, CA 94566-9180		Revolving account opened 11/06			1,919.00
ACCOUNT NO. 3771 Wfnnb/new York And Compa		Revolving account opened 11/97			63.00
ACCOUNT NO. 6029 Wfnnb/victorias Secret PO Box 182128 Columbus, OH 43218-2128		Revolving account opened 10/96			60.00
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 2,642.00	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 30,033.28	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son	AGE(S): 25
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Legal Assistant		
Name of Employer Chico & Nunes, PC		
How long employed 1 years and 6 months		
Address of Employer 333 W Wacker Dr Ste 1650		
Chicago, IL 60606-1293		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	DEBTOR	SPOUSE
\$	4,166.66	\$
\$		\$

2. Estimated monthly overtime

\$	4,166.66	\$
----	-----------------	----

3. SUBTOTAL**4. LESS PAYROLL DEDUCTIONS**

\$	969.88	\$
----	---------------	----

\$	153.76	\$
----	---------------	----

\$		\$
----	--	----

\$	50.00	\$
----	--------------	----

\$	75.00	\$
----	--------------	----

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$	1,248.64	\$
----	-----------------	----

6. TOTAL NET MONTHLY TAKE HOME PAY

\$	2,918.02	\$
----	-----------------	----

7. Regular income from operation of business or profession or farm (attach detailed statement)	DEBTOR	SPOUSE
\$		\$

8. Income from real property	DEBTOR	SPOUSE
\$	300.00	\$

9. Interest and dividends	DEBTOR	SPOUSE
\$		\$

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	DEBTOR	SPOUSE
\$		\$

11. Social Security or other government assistance (Specify)	DEBTOR	SPOUSE
\$		\$

12. Pension or retirement income	DEBTOR	SPOUSE
\$		\$

13. Other monthly income (Specify)	DEBTOR	SPOUSE
\$		\$

\$		\$
----	--	----

14. SUBTOTAL OF LINES 7 THROUGH 13

\$	300.00	\$
----	---------------	----

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$	3,218.02	\$
----	-----------------	----

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$	3,218.02	\$
----	-----------------	----

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
Debtor's son is 25 and stays with her at the residence. He just started his job at the end of October 2008. He will start paying \$300.00 / month rent in January 2008.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 683.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 300.00
b. Water and sewer	\$ 35.00
c. Telephone	\$ 95.00
d. Other Cell Phones	\$ 95.00
Cable And Internet	\$ 95.00
3. Home maintenance (repairs and upkeep)	\$ 50.00
4. Food	\$ 600.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 85.00
7. Medical and dental expenses	\$ 85.00
8. Transportation (not including car payments)	\$ 400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 100.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 0.00
b. Life	\$ 0.00
c. Health	\$ 0.00
d. Auto	\$ 168.00
e. Other	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Property Taxes	\$ 75.00
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 0.00
b. Other Second Mortgage	\$ 24.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other Personal Care And Grooming	\$ 150.00
Bank Fees And Postage	\$ 25.00
Vehicle Care And Maintenance	\$ 50.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 3,215.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 3,218.02
b. Average monthly expenses from Line 18 above	\$ 3,215.00
c. Monthly net income (a. minus b.)	\$ 3.02

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: January 14, 2009Signature: /s/ Susan J Bradley
Susan J Bradley

Debtor

Date: _____ Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
45,842.00	2006 Income from employment
32,761.00	2007 Income from employment
4,166.16	2008 Income from employment (monthly)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
1,600.00	2008 Income from closed IRA
4,404.00	2007 Income from unemployment

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Capital One vs Susan Holmes; 07M1105411	Collections	Cook County Circuit Court	Judgment entered. Garnishment order pending.

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None a. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None a. List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None a. List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	11/25/2008	676.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Chicago Title And Truste	06/2008	Single Famile Residence located at 2129 W 52nd Street, Chicago, IL 60609

Debtor transferred residence with no equity to this trust in June 2008.

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
IRA	IRA Retirement Account	\$1600.00 closed 10/2008

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: January 14, 2009

Signature /s/ Susan J Bradley
of Debtor

Susan J Bradley

Date:

Signature _____
of Joint Debtor
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 106,000.00		
B - Personal Property	Yes	3	\$ 30,825.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 164,252.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 30,033.28	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,218.02
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,215.00
TOTAL		14	\$ 136,825.00	\$ 194,285.28	

IN RE:

Case No. _____

Bradley, Susan J

Chapter 7 _____

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,218.02
Average Expenses (from Schedule J, Line 18)	\$ 3,215.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 4,166.66

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 38,252.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 30,033.28
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 68,285.28

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Susan J Bradley

Date: January 14, 2009

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: Hsbc Auto	Describe Property Securing Debt: 2007 Dodge Charger
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Wells Fargo Bank Nv Na	Describe Property Securing Debt: Single Family Residence at: 2129 W 52nd St, Chicago, IL 60637
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (<i>check one</i>): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

1 continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: January 14, 2009

/s/ Susan J Bradley
Signature of Debtor

Signature of Joint Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

(Continuation Sheet)

PART A – Continuation

Property No. 3	
Creditor's Name: Wells Fargo Hm Mortgag	Describe Property Securing Debt: Single Family Residence at: 2129 W 52nd St, Chicago, IL 601
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No.	
Creditor's Name:	Describe Property Securing Debt:
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No.	
Creditor's Name:	Describe Property Securing Debt:
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Continuation

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 16

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: January 14, 2009

/s/ Susan J Bradley

Debtor

Joint Debtor

Bradley, Susan J
2129 W 52nd St
Chicago, IL 60609-5506

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Miracle Financial, Inc.
52 Armstrong Rd
Plymouth, MA 02360-4807

Cap One
PO Box 85520
Richmond, VA 23285-5520

Tnb - Target
PO Box 673
Minneapolis, MN 55440-0673

Capital One
PO Box 85520
Richmond, VA 23285-5520

Verizon Wireless
777 Big Timber Rd
Elgin, IL 60123-1401

Discover Fin Svcs Llc
PO Box 15316
Wilmington, DE 19850-5316

Wash Mutual/providian
PO Box 9180
Pleasanton, CA 94566-9180

Freedman Anselmo Lindberg Rappe
1807 W Diehl Rd Ste 333
Naperville, IL 60563-1890

Wells Fargo Bank Nv Na
PO Box 31557
Billings, MT 59107-1557

Heartland Home Health And Hospic
Dept L1801
Columbus, OH 43260-0001

Wells Fargo Hm Mortgag
8480 Stagecoach Cir
Frederick, MD 21701

Hsbc Auto
6602 Convoy Ct
San Diego, CA 92111-1009

Wfnnb/victorias Secret
PO Box 182128
Columbus, OH 43218-2128

Illinois Collection Service
PO Box 1010
Tinley Park, IL 60477-9110

Loyola University Medical Center
2160 S 1st Ave
Maywood, IL 60153-3328

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	676.00
Prior to the filing of this statement I have received	\$	676.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was: Debtor Other (specify): _____

3. The source of compensation to be paid to me is: Debtor Other (specify): _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation / Adversary Proceedings
\$400.00 for Motions to Redeem
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 14, 2009

Date

/s/ Derek V Lofland

Derek V Lofland 6280490
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524
derek@chicagobk.com

Chico & Nunes, P.C.
333 W. Wacker Drive, #1650
Chicago, IL 60606

Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 11/01/2008 - 11/15/2008		Pay Date: 11/17/2008			
Employee		SSN	Status (Fed/State)	Allowances/Extra					
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***.**-4744	Single/Withhold	Fed-1/0/IL-0/0					
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount			
Salary	80.00		2,083.33	42,083.33					
Hourly overtime (x1.5)				513.86					
			2,083.33	42,597.19					
Deductions From Gross	Current		YTD Amount						
C&N 401(k) plan			-25.00	-\$25.00					
125-Health Insurance (pre-tax)			-76.88	-1,537.68					
CTA Transit Benefit Program			-37.50	-\$712.50					
			-139.38	-2,775.18					
Taxes	Current		YTD Amount						
Federal Withholding			-276.00	-\$5,866.00					
Social Security Employee			-122.07	-2,501.51					
Medicare Employee			-28.55	-\$585.03					
IL - Withholding			-58.32	-1,194.64					
			-484.94	-10,147.18					
Net Pay	1,459.01		29,674.83						

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Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: EFTPS		Pay Period: 10/16/2008 - 10/31/2008		Pay Date: 10/31/2008	
Employee		SSN		Status (Fed/State)		Allowances/Extra	
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744		Single/Withhold		Fed-1/0/IL-0/0	
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount	
Salary	80:00		2,083.33	40,000.00			
Hourly overtime (x1.5)	2:00	36.06	<u>72.12</u>	<u>513.86</u>			
			2,155.45	40,513.86			
Deductions From Gross	Current		YTD Amount	Non-taxable Company Items	Current	YTD Amount	
C&N 401(k) plan			-25.00	-500.00			
125-Health Insurance (pre-tax)			-76.88	-1,460.80			
CTA Transit Benefit Program			-37.50	-675.00			
			-139.38	-2,635.80			
Taxes	Current		YTD Amount	Memo			
Federal Withholding			-294.00	-5,590.00			
Social Security Employee			-126.55	-2,379.44			
Medicare Employee			-29.59	-556.48			
IL - Withholding			-60.48	-1,136.32			
			-510.62	-9,662.24			
Net Pay			1,505.45	28,215.82	Direct Deposit		

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Susan J. Bradley
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Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 10/01/2008 - 10/15/2008	Pay Date: 10/16/2008
Employee		SSN	Status (Fed/State)	Allowances/Extra	
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744	Single/Withhold	Fed-1/0/L-0/0	
Earnings and Hours	Qty	Rate	Current	YTD Amount	
Salary			2,083.33	37,916.67	Direct Deposit
Hourly overtime (x1.5)				441.74	
			2,083.33	38,358.41	
Deductions From Gross	Current		YTD Amount		
C&N 401(k) plan			-25.00	-475.00	
125-Health Insurance (pre-tax)			-76.88	-1,383.92	
CTA Transit Benefit Program			-37.50	-637.50	
			-139.38	-2,496.42	
Taxes	Current		YTD Amount		
Federal Withholding			-276.00	-5,296.00	
Social Security Employee			-122.07	-2,252.89	
Medicare Employee			-28.55	-526.89	
IL - Withholding			-58.32	-1,075.84	
			-484.94	-9,151.62	
Net Pay	1,459.01		26,710.37		

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Chicago, IL 60606

Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 09/16/2008 - 09/30/2008		Pay Date: 10/01/2008	
Employee		SSN	Status (Fed/State)	Allowances/Extra			
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744	Single/Withhold	Fed-1/0/IL-0/0			
Earnings and Hours							
Salary	Qty	Rate	Current	YTD Amount	Direct Deposit		
Hourly overtime (x1.5)	80:00	36.06	2,083.33 216.36	35,833.34 441.74	Savings - *****7491	150.00	
				2,299.69	Checking - *****8201	1,448.32	
Deductions From Gross							
C&N 401(k) plan			-25.00	-450.00			
125-Health Insurance (pre-tax)			-76.88	-1,307.04			
CTA Transit Benefit Program			-37.50	-600.00			
				-139.38			
Taxes							
Federal Withholding			-330.00	-5,020.00			
Social Security Employee			-135.49	-2,130.82			
Medicare Employee			-31.69	-498.34			
IL - Withholding			-64.81	-1,017.52			
				-561.99			
Net Pay							
				1,598.32	25,251.36		
Direct Deposit							
Savings - *****7491 Checking - *****8201							
Non-taxable Company Items							
401(k) Co. Match					25.00	450.00	
Memo							
Direct Deposit							

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Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 09/01/2008 - 09/15/2008	Pay Date: 09/16/2008
Employee		SSN	Status (Fed/State)	Allowances/Extra	
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744	Single/Withhold	Fed-1/0/IL-0/0	
Earnings and Hours	Qty	Rate	Current	YTD Amount	
Salary	80:00	26.84	2,083.33	33,750.01	
Hourly overtime (x1.5)	1:00	36.06	36.06	225.38	
				2,119.39	33,975.39
Deductions From Gross		Current	YTD Amount		
C&N 401(k) plan		-25.00	-425.00		
125-Health Insurance (pre-tax)		-76.88	-1,230.16		
CTA Transit Benefit Program		-37.50	-562.50		
				-139.38	-2,217.66
Taxes		Current	YTD Amount		
Federal Withholding		-285.00	-4,690.00		
Social Security Employee		-124.31	-1,995.33		
Medicare Employee		-29.07	-466.65		
IL - Withholding		-59.40	-952.71		
				-497.78	-8,104.69
Net Pay		1,482.23		23,653.04	

Susan J. Bradley
 2129 W. 52nd St.
 Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 08/16/2008 - 08/31/2008		Pay Date: 08/29/2008			
Employee		SSN	Status (Fed/State)	Allowances/Extra					
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744	Single/Withhold	Fed-1/0/IL-0/0					
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount			
Salary	80:00		2,083.33	31,866.68					
Hourly overtime (x1.5)	1:30	36.06	54.09	189.32					
				2,137.42					
				31,856.00					
Deductions From Gross	Current		YTD Amount		Non-taxable Company Items	Current	YTD Amount		
C&N 401(k) plan			-25.00	-400.00	401(k) Co. Match	25.00	400.00		
125-Health Insurance (pre-tax)			.76.88	-1,153.28					
CTA Transit Benefit Program			-37.50	-525.00					
				-139.38					
				-2,078.28					
Taxes	Current		YTD Amount		Memo				
Federal Withholding			-289.00	-4,405.00	Direct Deposit				
Social Security Employee			-125.43	-1,871.02					
Medicare Employee			-29.34	-437.58					
IL - Withholding			-59.94	-893.31					
				-503.71					
				-7,606.91					
Net Pay		1,494.33		22,170.81					

Chico & Nunes, P.C.
333 W. Wacker Drive, #1650
Chicago, IL 60606

Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 08/01/2008 - 08/15/2008		Pay Date: 08/15/2008	
Employee		SSN		Status (Fed/State)		Allowances/Extra	
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744		Single/Withhold		Fed-1/0/IL-0/0	
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount	
Salary			2,083.33	29,583.35			
Hourly overtime (x1.5)	3:45	36.06	135.23	135.23			
			2,218.56	29,718.58			
Deductions From Gross			Current	YTD Amount	Non-taxable Company Items	Current	YTD Amount
C&N 401(k) plan			-25.00	-.375.00	401(k) Co. Match	25.00	375.00
125-Health Insurance (pre-tax)			-76.88	-.1,076.40	Memo		
CTA Transit Benefit Program			-37.50	-.487.50	Direct Deposit		
			-139.38	-.1,938.90			
Taxes			Current	YTD Amount			
Federal Withholding			-309.00	-.4,116.00			
Social Security Employee			-130.46	-.1,745.59			
Medicare Employee			-30.51	-.408.24			
IL - Withholding			-62.38	-.833.37			
			-532.35	-.7,103.20			
Net Pay			1,546.83	20,676.48			

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Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 07/16/2008 - 07/31/2008		Pay Date: 08/01/2008			
Employee		SSN	Status (Fed/State)	Allowances/Extra					
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744	Single/Withhold	Fed-1/0/IL-0/0					
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount			
Salary			2,083.33	27,500.02	Savings - *****7491	150.00			
Deductions From Gross		Current	YTD Amount		Checking - *****8201	1,319.41			
C&N 401(k) plan			-25.00	-350.00					
125-Health Insurance (pre-tax)			-76.88	-999.52					
CTA Transit Benefit Program			-22.50	-450.00					
			-124.38	-1,799.52					
Taxes		Current	YTD Amount	Non-taxable Company Items	Current	YTD Amount			
Federal Withholding			-279.00	-3,807.00					
Social Security Employee			-123.00	-1,615.13					
Medicare Employee			-28.77	-377.73					
IL - Withholding			-58.77	-770.99					
			-489.54	-6,570.85					
Net Pay			1,469.41	19,129.65	Memo				
					Direct Deposit				

Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 07/01/2008 - 07/15/2008		Pay Date: 07/16/2008			
Employee		SSN	Status (Fed/State)	Allowances/Extra					
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**-4744	Single/Withhold	Fed-1/0/IL-0/0					
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount			
Salary			2,083.33	25,416.69	Savings - *****7491	150.00			
Deductions From Gross		Current	YTD Amount		Checking - *****8201	1,309.01			
C&N 401(k) plan		-25.00	-325.00						
125-Health Insurance (pre-tax)		-76.88	-922.64						
CTA Transit Benefit Program		-37.50	-427.50						
		-139.38	-1,675.14						
Taxes		Current	YTD Amount	Non-taxable Company Items	Current	YTD Amount			
Federal Withholding		-276.00	-3,528.00	401(k) Co. Match	25.00	325.00			
Social Security Employee		-122.08	-1,492.13						
Medicare Employee		-28.54	-348.96						
IL - Withholding		-58.32	-712.22						
		-484.94	-6,081.31						
Net Pay		1,459.01	17,660.24	Memo					
				Direct Deposit					

Susan J. Bradley
2129 W. 52nd St.
Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 06/16/2008 - 06/30/2008	Pay Date: 07/01/2008	
Employee						
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		SSN	Status (Fed/State)	Allowances/Extra		
		***-**-4744	Single/Withhold	Fed-1/0/IL-0/0		
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	
Salary			2,083.33	23,333.36	Savings - *****7491 150.00	
Deductions From Gross		Current	YTD Amount		Checking - *****8201 1,309.01	
C&N 401(k) plan		-25.00	-300.00			
125-Health Insurance (pre-tax)		-76.88	-845.76			
CTA Transit Benefit Program		-37.50	-390.00			
		-139.38	-1,535.76			
Taxes	Current	YTD Amount		Non-taxable Company Items	Current	YTD Amount
Federal Withholding	-276.00	-3,252.00		401(k) Co. Match	25.00	300.00
Social Security Employee	-122.07	-1,370.05				
Medicare Employee	-28.55	-320.42				
IL - Withholding	-58.32	-653.90				
	-484.94	-5,596.37				
Net Pay	1,459.01	16,201.23		Memo		
				Direct Deposit		

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Chicago, IL 60606

Susan J. Bradley
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Chicago, IL 60609

Direct Deposit

Employee Pay Stub		Check number: DirectDep.		Pay Period: 06/01/2008 - 06/15/2008		Pay Date: 06/16/2008			
Employee		SSN	Status (Fed/State)	Allowances/Extra					
Susan J. Bradley, 2129 W. 52nd St., Chicago, IL 60609		***-**4744	Single/Withhold	Fed-1/0/L-0/0					
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount			
Salary			2,083.33	21,250.03	Savings - *****7491	150.00			
Deductions From Gross		Current	YTD Amount		Checking - *****8201	1,309.00			
C&N 401(k) plan			-25.00	-275.00					
125-Health Insurance (pre-tax)			-76.88	-768.88					
CTA Transit Benefit Program			-37.50	-352.50					
			-139.38	-1,396.38					
Taxes		Current	YTD Amount	Non-taxable Company Items	Current	YTD Amount			
Federal Withholding			-276.00	-2,976.00					
Social Security Employee			-122.08	-1,247.98					
Medicare Employee			-28.55	-291.87					
IL - Withholding			-58.32	-595.58					
			-484.95	-5,111.43					
Net Pay			1,459.00	14,742.22	Message				
					Direct Deposit				

2007

Income Tax Return

DO NOT FILE

Prepared For:

Susan Bradley
2129 West 52nd Street
Chicago, IL 60609

Prepared By:

GreatWay Bookkeeping & Tax Svc.
1415 West Lunt Ave.
Apt 312
Chicago, IL 60626-2874
Telephone: (773) 221-6494
FAX: (773) 442-0746
Email: cliffyoung@usa.net

Form 1040 U.S. Individual Income Tax Return 2007

1040

Department of the Treasury - Internal Revenue Service

Label
(See instructions)

Use the IRS label.
Otherwise, please print or type.

Presidential
Election Campaign

L
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For the year Jan. 1-Dec. 31, 2007, or other tax year beginning

, 2007, ending

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Last name

Susan

If a joint return, spouse's first name and initial

Last name

Your social security number

353-48-4744

Spouse's social security number

You must enter

your SSN(s) above

Home address (number and street). If you have a P.O. box, see instructions.

2129 West 52nd Street

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Chicago, IL 60609

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)

You Spouse

Single

Head of household (with qualifying person). (See instructions) If

the qualifying person is a child but not your dependent, enter this child's name here. ► **Jahleel Wilkerson**

Married filing jointly (even if only one had income)

Married filing separately. Enter spouse's SSN above and full name here. ►

Qualifying widow(er) with dependent child (See instructions)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ► **1**

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

Spouse

c Dependents:

(1) First name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) If qualifying child for child tax credit

If more than four dependents, see instructions.

DONOT FILE

d Total number of exemptions claimed

1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

ROLLOVER

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	32,761.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	166.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
16a	Pensions and annuities	16a	1,517.
b	Taxable amount (see instructions)	b	Taxable amount (see instructions)
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	4,404.
20a	Social security benefits	20a	
b	Taxable amount (see instructions)	b	Taxable amount (see instructions)
21	Other income. List type and amount (see instructions)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	37,331.
23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ►	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	0.
37	Subtract line 36 from line 22. This is your adjusted gross income ►	37	37,331.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.
UYA

Form 1040 (2007)

Form 1040 (2007) Susan Bradley

Tax and Credits

Standard Deduction for -

• People who checked any box on line 39a or 39b or who can be claimed as a dependent. See Instr.

• All others:

Single or Married filing separately, \$5,360

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	37,331.
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. } checked ► 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here ► 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,905.
41	Subtract line 40 from line 38	41	25,426.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in instructions	42	3,400.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	22,026.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	2,744.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45 ►	46	2,744.
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	18.
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	

56	Add lines 47 through 55. These are your total credits	56	18.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	2,726.

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax ►	63	2,726.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	5,049.
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned Income credit (EIC) NO.	66a	
b	Non taxable combat pay election ► 66b	67	
67	Excess social security and tier 1 RRTA tax withheld (see instr.)	68	
68	Additional child tax credit. Attach Form 8812.	69	
69	Amount paid with request for extension to file (see instructions)	70	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	71	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	72	5,049.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments ►	73	2,323.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,323.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	2,323.
b	Routing number 071074528	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 3093628201		

75	Amount of line 73 you want applied to your 2008 estimated tax ► 75	76	0.
----	--	----	----

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ►	77	
----	--	----	--

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No
Designee's name ►	Phone no. ► Personal identification number (PIN) ►

Sign Here

Joint return? See instructions Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	773-476-0353

Paid Preparer's Use Only

Preparer's signature ► Clifford Young	Date 02/12/2008	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00097278
Firm's name (or yours if self-employed), address, and ZIP code 1415 West Lunt Ave Chicago IL 60626-2874	EIN 36-3772542	Phone no.	773-221-6494

UYA

Form 1040 (2007)

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Susan Bradley

Schedule A - Itemized Deductions

(Schedule B is on page 2)

► Attach to Form 1040.

► See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2007

Attachment
Sequence No. 07

Your social security number

353-48-4744

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.	1 2 3 4	4 0.
	1 Medical and dental expenses (see instructions)		
	2 Enter amount from Form 1040, line 38 <u>2</u>		
	3 Multiply line 2 by 7.5% (.075)		
Taxes You Paid (See instructions.)	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		
	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	5 1,061.	
	6 Real estate taxes (see instructions)	6 885.	
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9 1,946.	
	10 Home mortgage interest and points reported to you on Form 1098	10 8,659.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Qualified mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15 8,659.	
	Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16 1,300.
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.		17	
18 Carryover from prior year		18	
19 Add lines 16 through 18		19 1,300.	
Casualty and Theft Losses Job Expenses and Certain Miscellaneous Deductions (See instructions.)	20 Casualty or theft loss(es). Attach Form 4684. (See instructions)	20 0.	
	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 <u>25</u>	25	
	26 Multiply line 25 by 2% (.02)	26	
Other Miscellaneous Deductions	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27 0.	
	28 Other - from list in the instr. List type and amount ►	28 0.	
	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	29 11,905.	
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Instructions.
USA

Form **8880**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

2007

Attachment
Sequence No. **55**

Susan Bradley

Your social security number
353-48-4744



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36 is more than \$26,000 (\$39,000 if head of household; \$52,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1990, (b) is claimed as a dependent on someone else's 2007 tax return, or (c) was a student (see instructions).

- 1 Traditional and Roth IRA contributions for 2007. Do not include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2007 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received after 2004 and before the due date (including extensions) of your 2007 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the smaller of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, stop; you cannot take this credit
- 8 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36
- 9 Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1		
2	180.	
3	180.	
4		
5	180.	
6	180.	
7		180.
8	37,331.	

If line 8 is-		And your filing status is-		
Over-	But not over-	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$15,500	.5	.5	.5
\$15,500	\$17,000	.5	.5	.2
\$17,000	\$23,250	.5	.5	.1
\$23,250	\$25,500	.5	.2	.1
\$25,500	\$26,000	.5	.1	.1
\$26,000	\$31,000	.5	.1	.1
\$31,000	\$34,000	.2	.1	.0
\$34,000	\$39,000	.1	.1	.0
\$39,000	\$52,000	.1	.0	.0
\$52,000	---	.0	.0	.0

Note: If line 9 is zero, stop; you cannot take this credit.

- 10 Multiply line 7 by line 9
- 11 Enter the amount from Form 1040, line 46, or Form 1040A, line 28 or Form 1040NR, line 43
- 12 **1040 filers:** Enter the total of your credits from lines 47 through 49, and 51. **1040A filers:** Enter the total of your credits from lines 29 through 31. **1040NR filers:** Enter the total of your credits from lines 44 and 46. }
- 13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit
- 14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 53; Form 1040A, line 33; or Form 1040NR, line 48

11	2,744.
12	

10	18.
11	
12	
13	2,744.

13	2,744.
14	18.

*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

For Paperwork Reduction Act Notice, see Instructions.
UYA

Form **8880** (2007)

8878Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization for
Form 4868 or Form 2350**

OMB No. 1545-0074

2007

► Do not send to the IRS. This is not an application for an extension of time to file.
► Keep this form for your records. See instructions.

Declaration Control Number (DCN)

00-360982- -8

Taxpayer's name

Susan Bradley

Social security number

353-48-4744

Spouse's name

Spouse's social security number

Part I Information from Extension Form-Tax Year Ending December 31, 2007 (Whole Dollars Only)

Check the box and complete the line(s) for the form you authorize your ERO to sign and file. Check only one box.

1 Form 4868, Application for Automatic Extension of Time To File U.S. Individual Income Tax Return
Amount you are paying from line 7 of Form 4868 1

2 Form 2350, Application for Extension of Time To File U.S. Income Tax Return
a I request an extension of time until this date as shown on line 1 of Form 2350 2a
b Amount you are paying from line 5 of Form 2350 2b

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my electronic application for extension of time to file for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information listed above is the information (ERO) to send this form to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke myment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic application for extension of time to file and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize **GreatWay Bookkeeping & Tax Svc** to enter or generate my PIN **12120** as
ERO firm name do not enter all zeros
my signature for my electronic application for extension of time to file for the tax year ending December 31, 2007.

I will enter my PIN as my signature for my electronic application for extension of time to file for the tax year ending December 31, 2007. Check this box only if you are entering your own PIN and your extension form is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as
ERO firm name do not enter all zeros
my signature for my electronic application for extension of time to file for the tax year ending December 31, 2007.

I will enter my PIN as my signature for my electronic application for extension of time to file for the tax year ending December 31, 2007. Check this box only if you are entering your own PIN and your extension form is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method for Form 4868 Only - continue below**Part III Certification and Authentication - Practitioner PIN Method for Form 4868 Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3609820

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic Form 4868 and electronic funds withdrawal for the taxpayer(s) indicated above. I confirm that I am submitting Form 4868 in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► **Clifford Young**Date ► **02/12/2008**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

02/12/2008 00:52:26PM

Form **8878** (2007)

DO NOT FILE

Illinois Department of Revenue
IL-1040-V Payment Voucher for Individual Income Tax
ID: 3088

2007

353-48-4744

Your payment is due April 15, 2008.

Susan Bradley
2129 West 52nd Street
Chicago, IL 60609

Mail to: Illinois Department of Revenue
Springfield IL 62726-0001

\$ 28.00
Print your payment amount.

Preparer's phone number (773) 221-6494

Write your Social Security number on your check.

104081207 4 2 353484744 1 02180104 5 000002800

Illinois Department of Revenue
2007 Form IL-1040

tax.illinois.gov

Individual Income Tax Return

or for fiscal year ending /08

Do not write above this line.

Step 1: Personal Information

A Your Social Security numbers in the order they appear on your federal return

353-48-4744

Your Social Security number

Your spouse's Social Security number

B Place your label or print your personal information below

Susan

Your first name and initial

Bradley

Your last name

Your spouse's first name and initial

2129 West 52nd Street

Your spouse's last name (if different)

Mailing address

Chicago

City

IL

60609

State

ZIP

C Filing status (see instructions)

Single or head of household

Married filing jointly

Married filing separately

Widowed

▼ Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4.
2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 6b; or U.S. 1040EZ.
3 Other additions to your income. Attach Schedule M.
4 Add Lines 1 through 3. This is your total income.

DO NOT FILE
1 37,331.
2
3
4 37,331.

▲ Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. 5
6 Military pay earned if included in Step 2, Line 1. Attach military W-2. 6
7 Illinois Income Tax overpayment included in U.S. 1040, Line 10. 7
8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8
9 Other subtractions to your income. Attach Schedule M. 9
Check if Line 9 includes any amount from Schedule 1299-C
10 Add Lines 5 through 9. This is the total of your subtractions. 10
11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 166.
37,165.

Step 4: Exemptions

12 a Number of exemptions from your federal return 1 \$2,000 a 2,000.
b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.
c Check if 65 or older: You + Spouse = 0 \$2,000 b 0
d Check if legally blind: You + Spouse = 0 \$1,000 c 0
Add Lines a through d. This is your total Illinois exemption allowance. 12 2,000.

Step 5: Net Income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 35,165.
14 Nonresidents and part-year residents only:
Check the box that applies to you during the year 2007. Nonresident Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. 14 0.

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. 15 1,055.

Susan Bradley

Document Page 52 of 60

353-48-4744

16 1,055.

Step 7: Payments and Credits

Nonresidents
may not claim
a credit on
Lines 19,
20, or 21.The total of
Lines 19, 20b,
and 21b may
not exceed
the tax
amount on
Line 16.

16 Tax amount from Page 1, Step 6, Line 15

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 983.

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from Line 31 of your 2006 return 18

19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19

20 Illinois Property Tax credit. Complete PT Worksheet in instructions. PT Worksheet Line 3 amount 20a 885.

PT Worksheet Line 8 amount 20b 44.

21 K-12 Education expense credit. Complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED. ED Worksheet or Schedule ED Line 1 amount 21a

ED Worksheet or Schedule ED Line 10 amount 21b

22 Earned Income Credit. Complete EIC Worksheet in instructions. EIC Worksheet Line 1 amount 22a

EIC Worksheet Line 4 amount 22b

23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 1,027.

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 0.

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 28.

Step 9: Penalty

27 Late payment penalty for underpayment of estimated tax

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210.

b Check if at least two-thirds of your federal gross income is from farming

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds:

Wildlife a	Breast Cancer e	Diabetes i
Child Abuse b	Multiple Sclerosis f	Autoimmune j
Alzheimer's c	Military Family g	Lung Cancer k
Homeless d	IL Veterans' Home h	

Add Lines a through k. This is your donations total. 28

29 Add Line 27 and Line 28. This is your total penalty and donations. 29

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 0.

31 Amount from Line 30 that you want applied to 2008 estimated tax 31

32 Subtract Line 31 from Line 30. This is your refund. 32 0.

Direct
Deposit

33 Complete to direct deposit your refund

Routing number Checking or Savings

Account number

See
instructions
for payment
options.

34 If you have tax due on Line 26, add Lines 26 and 29. **OR**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe.

34 28.

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature	Date	773-476-0353	Daytime phone number	Your spouse's signature	Date
02/12/2008		773-221-6494	Preparer's phone number	36-3772542	
Paid preparer's signature		Preparer's FEIN, SSN, or PTIN			

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

IL-10-10 page 2 (R-12/07) ID: 3088 DR AP CA DE EV ME MO PR RM RR TT TV WA WT WV ZZ ID

00-360982-8
Declaration Control Number (DCN)

Illinois Department of Revenue

IL-8453 Illinois 2007 Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Susan Bradley

Print or type	First name and middle initial	Spouse's first name (and last name if different)	Last name	353-48-4744
	2129 West 52nd Street			Social Security number
	Mailing address			Spouse's Social Security number
	Chicago	IL	60609	773-476-0353
	City	State	ZIP	Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 13, or Schedule NR, Step 5, Line 55	1 35,165.00
2 Tax from Form IL-1040, Line 15	2 1,055.00
3 Illinois Income Tax withheld from Form IL-1040, Line 17 only (write "0" if none)	3 983.00
4 Overpayment from Form IL-1040, Line 30	4 0.00
5 Total amount due from Form IL-1040, Line 34	5 28.00
6 Filing status: <input checked="" type="checkbox"/> Single/head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed	

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

Note: To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

7 Routing no. (RN) 071074528
8 Account no. (AN) 3093628201
9 Type of account Checking Savings
10 Date the payment is to be electronically withdrawn: 02/22/2008
11 Electronic funds withdrawal amount: 28.00
12 Name on account: Susan Bradley

Step 4: Taxpayer declaration and signature (Sign only after Step 2 and Step 3 (if applicable) is completed.)

I consent that my refund may be directly deposited as designated in Step 3 and declare the information on lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2007 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic IL-1040 return and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic IL-1040 return, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature	Date	Check if paid preparer: <input checked="" type="checkbox"/> (See inst.)
ERO use only GreatWay Bookkeeping & Tax Svc.		P00097278
Firm's name or your name if self-employed		Your Social Security number (SSN) or PTIN
1415 West Lunt Ave.		36-3772542
Mailing address		Federal employer identification number (FEIN)
Chicago	IL	773-221-6494
City	State	Phone number

Step 6: Attach required documents (e.g., Forms W-2, W-2G, 1099-G, 1099-R, IL-1310, out-of-state returns, etc.)

IL-8453 (R-11/07) ID: 9999

02/14/2008 02:37:47PM

<input type="checkbox"/> CORRECTED (if checked)			
PAYER'S name, street address, city, state, ZIP code, and telephone no. ILLINOIS Department of Employment Security P.O. Box 802551 CHICAGO, ILLINOIS 60680-2551		1 Unemployment compensation \$ 4,404.00	OMB No. 1545-0120
		2 State or local income tax refunds, credits, or offsets \$	2007
PAYER'S federal identification number 36-3042127	RECIPIENT'S identification number 353484744	3 Box 2 amount is for tax year 4 Federal income tax withheld \$	Form 1099-G
RECIPIENT'S name, street address, city, state, and ZIP code SUSAN BRADLEY 2129 W 52ND ST CHICAGO, IL 60609-5506		5 ATAA payments \$	6 Taxable grants \$
		7 Agriculture payments \$	8 Box 2 is trade or business income ► <input type="checkbox"/>
Account number (see instructions)		9 IL Income Tax Withheld \$	

**Certain
Government
Payments**

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-G

(keep for your records)

Department of the Treasury - Internal Revenue Service

Safe, accurate,  Visit the IRS website at www.irs.gov/efile
FAST! Use

Employee Reference Copy
W-2 Wage and Tax Statement **2007**
Copy C for employee's records

d Control number 010140 11/SC5	Dept. 300	Corp. T	Employer uses only 3																						
c Employee's name, address, and ZIP code PATZIK FRANK & SAMOTNY LTD 150 S WACKER DR STE 1500 CHICAGO IL 60606																									
Batch #01669																									
e/f Employee's name, address, and ZIP code SUSAN BRADLEY 2129 W. 52ND ST. CHICAGO IL 60609																									
<table border="1"> <tr> <td>b Employer's FED ID number 36-3756591</td> <td>a Employee's SSA number 353-48-4744</td> </tr> <tr> <td>1 Wages, tips, other comp. 3752.48</td> <td>2 Federal income tax withheld 548.19</td> </tr> <tr> <td>3 Social security wages 3752.48</td> <td>4 Social security tax withheld 232.65</td> </tr> <tr> <td>5 Medicare wages and tips 3752.48</td> <td>6 Medicare tax withheld 54.41</td> </tr> <tr> <td>7 Social security tips 0</td> <td>8 Allocated tips 0</td> </tr> <tr> <td>9 Advance EIC payment 0</td> <td>10 Dependent care benefits 0</td> </tr> <tr> <td>11 Nonqualified plans 0</td> <td>12a See instructions for box 12 0</td> </tr> <tr> <td>14 Other 0</td> <td>12b 0</td> </tr> <tr> <td>15 State IL</td> <td>16 State wages, tips, etc. 3752.48</td> </tr> <tr> <td>17 State income tax 112.58</td> <td>18 Local wages, tips, etc. 0</td> </tr> <tr> <td>19 Local income tax 0</td> <td>20 Locality name 0</td> </tr> </table>				b Employer's FED ID number 36-3756591	a Employee's SSA number 353-48-4744	1 Wages, tips, other comp. 3752.48	2 Federal income tax withheld 548.19	3 Social security wages 3752.48	4 Social security tax withheld 232.65	5 Medicare wages and tips 3752.48	6 Medicare tax withheld 54.41	7 Social security tips 0	8 Allocated tips 0	9 Advance EIC payment 0	10 Dependent care benefits 0	11 Nonqualified plans 0	12a See instructions for box 12 0	14 Other 0	12b 0	15 State IL	16 State wages, tips, etc. 3752.48	17 State income tax 112.58	18 Local wages, tips, etc. 0	19 Local income tax 0	20 Locality name 0
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19 Local income tax 0	20 Locality name 0																								

Doc 1 2007 W-2 AND DEARINGS SUMMARY 01/01/2014:15:17 Desc Main Document Page 55 of 60

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail.
The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2007 pay stub plus any adjustments submitted by your employer.

Gross Pay	3867.98	Social Security Tax Withheld Box 4 of W-2	232.65	IL. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	112.58
Fed. Income Tax Withheld Box 2 of W-2	548.19	Medicare Tax Withheld Box 6 of W-2	54.41		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	3,867.98	3,867.98	3,867.98	3,867.98
Less Misc. Non Taxable Comp.	115.50	115.50	115.50	115.50
Reported W-2 Wages	3,752.48	3,752.48	3,752.48	3,752.48

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

SUSAN BRADLEY
2129 W. 52ND ST.
CHICAGO IL 60609

Social Security Number: 353-48-4744
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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a Employee's social security number 353-48-4744	Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile	OMB No. 1545-0008
b Employer identification number (EIN) 20-3896290	1 Wages, tips, other compensation 20364.70	2 Federal income tax withheld 3060.00
c Employer's name, address, and ZIP code CHICO & NUNES, P.C. 333 W WACKER DR STE 1800 CHICAGO	3 Social security wages 20514.70	4 Social security tax withheld 1271.91
d Control number 0	5 Medicare wages and tips 20514.70	6 Medicare tax withheld 297.46
e Employee's first name and initial SUSAN J Last name BRADLEY Suff. 2129 W. 52ND ST. CHICAGO	7 Social security tips 0	8 Allocated tips 0
f Employee's address and ZIP code IL 20-3896290 000	9 Advance EIC payment 0	10 Dependent care benefits 0
15 State IL	11 Nonqualified plans 0	12a See instructions for box 12 D 150.00
16 State wages, tips, etc. 20364.70	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b 0
17 State income tax 610.91	14 Other 0	12c 0
18 Local wages, tips, etc. 0		12d 0
19 Local income tax 0		
20 Locality name 0		

2007

Department of the Treasury—Internal Revenue Service

W-2 Wage and Tax Statement

Form B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Employee Reference Copy
W-2 Wage and Tax Statement
2007 OMB No. 1545-0006

Copy C for employee's records.

d Control number 100402 11/58X Dept. 009 Corp. T Employer use only 8

c Employee's name, address, and ZIP code
HUGHES SOCOL PIERS
RESNICK & DYM LTD
70 WEST MADISON STE 4000
CHICAGO IL 60602

Batch #01669

e/f Employee's name, address, and ZIP code

SUSAN BRADLEY
2129 W. 52ND STREET
CHICAGO, IL 60609

b Employer's FED ID number	a Employee's SSA number
IL 36-339308	353-48-4744
1 Wages, tips, other comp.	2 Federal income tax withheld
12395.85	1988.75
3 Social security wages	4 Social security tax withheld
12575.85	779.70
5 Medicare wages and tips	6 Medicare tax withheld
12575.85	182.35
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 180.00
15 State	16 State wages, tips, etc.
IL 36-339308 000 1	12395.85
17 State income tax	18 Local wages, tips, etc.
371.85	
19 Local income tax	20 Locality name

2007 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail.

The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2007 pay stub plus any adjustments submitted by your employer.

Gross Pay	12980.85	Social Security Tax Withheld Box 4 of W-2	779.70	IL. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	371.85
Fed. Income Tax Withheld Box 2 of W-2	1988.75	Medicare Tax Withheld Box 6 of W-2	182.35		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	12,980.85	12,980.85	12,980.85	12,980.85
Less 401(k) (D-Box 12)	180.00	N/A	N/A	180.00
Less Other Cafeteria	405.00	405.00	405.00	405.00
Reported W-2 Wages	12,395.85	12,575.85	12,575.85	12,395.85

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

SUSAN BRADLEY
2129 W. 52ND STREET
CHICAGO, IL 60609Social Security Number: 353-48-4744
Taxable Marital Status: SINGLE
Exemptions/Allowances:FEDERAL: 0
STATE: 0

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e-Filing and Online Payroll

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In Re: Susan J Bradley

) Judge
) Case No.

NOTICE OF FILING

To:

PLEASE TAKE NOTICE that on January 14, 2009, we filed with the United States District Court for the Northern District of Illinois, Eastern Division, a Notice of Rescission pursuant to 11 U.S.C. Section 524(c)(4) a copy of which is attached hereto and hereby served upon you.

_/s/ Nicole Robovsky
Nicolette Robovsky

PROOF OF SERVICE

I, the undersigned certify that I served a copy of this notice upon the party listed above via regular mail, postage paid before 5:00 p.m. on January 14, 2009.

By: /s/ Nicole Robovsky

Gleason and Gleason, LLC
77 W. Washington, Ste 1218
Chicago IL 60602
Phone 312-578-9530
Fax 312-578-9524
Troy Gleason #6276510
Julie Gleason #6273536
Nicole Robovsky #6278336

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In Re: Susan J Bradley

) Judge
) Case No.

Creditor:

NOTICE OF RESCISSION PURSUANT TO 11 U.S.C. SECTION 524(C)(4)

This notice will advise you that the reaffirmation agreement entered into between the Debtor and Creditor listed above is hereby rescinded pursuant to 11 U.S.C. section 524(c)(4) and that the reaffirmation executed between the parties is void.

Certificate Number: 00437-ILN-CC-005579341**CERTIFICATE OF COUNSELING**

I CERTIFY that on December 5, 2008, at 7:47 o'clock PM MST,

Susan Bradley received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 5, 2008

By /s/Tucker Tonkel

Name Tucker Tonkel

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Bradley, Susan J

Debtor(s)

Case No. _____

Chapter 7 _____

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: November 25, 2008

I(We) Susan J Bradley and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

Susan Bradley
(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)